

RETIREMENT BENEFITS AUTHORITY

**APPLICATION FOR REGISTRATION OF AN INDIVIDUAL
RETIREMENT BENEFITS SCHEME**

PART 1 - DETAILS OF THE SCHEME

- A. (i) Name of scheme.....
- (ii) Income Tax P.I.N. Number.....

- B. Provide the following information regarding the proposed scheme:
 - (i) Proposed number of members
.....
 - (ii) Registered office of the scheme:
 - Building.....
 - Road
 - Postal Address
 - Telephone Address
 - Telex Fax
 - E-mail.....
 - (iii) Is the scheme registered under the Income Tax (Retirement Benefit) Rules?
YES/NO.

If yes, state the Income Tax Reference Number.

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- C. Provide the following details in the appendices:
 - (i) Directors of the Trust corporation or institution rendering trust services
(Appendix A)
 - (ii) Auditors, Legal Advisors, Actuary, Managers, Custodians and Administrators
(if any)(Appendix B) partners.
 - (iii) Directors or partners of the sponsor (Appendix "c")

PART II - PARTICULARS OF TRUSTEES

A Name of Trustee:

.....
.....
.....
.....

B Physical Address

Building.....Road.....

Town.....

Postal Address.....Telephone.....Fax.....

- C (i) Income Tax P.I.N.
Number.....
- (ii) Income Tax Reference
Number.....
- (iii) Certificate of Incorporation
number.....

D. Has the trust corporation or the institution rendering trust services previously been convicted of a criminal offence with a sentence of a period of six months or more?

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PART III - PARTICULARS OF SPONSOR

(Incase of more than one sponsor provide the following particulars for each on a separate attachment).

A (i) Name of Sponsor:

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- (ii) If a company, certificate of incorporation number:
.....
 - (iii) If not a company state the number of the certification of registration under the Business Names Act:
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B. Physical Address

Building:

Road:

Town:

Telephone:

E-mail/fax Nos.:

C. (i) Income Tax P.I.N. Number:

(ii) Income Tax Reference Number:

PART IV ATTACHMENTS

Please attach copies of the following:

- (i) Trust deed and Rules.
- (ii) Certificate of incorporation of the trust corporation
- (iii) Latest audited report and accounts of the trust corporation.
- (iii) An actuarial certificate certifying the design and financial viability of the scheme.
- (iv) A feasibility study on a proposed scheme.
- (v) Certified copies of:
 1. certificate of incorporation of the sponsor; or
 2. certificate of registration as a Business Name of Sponsor.

I hereby declare that section 26 of the Act has been complied with and the statements contained herein and the documents submitted herewith are true and accurate to the best of my knowledge and belief. Any alterations in particulars stated here in or in the said documents will be promptly communicated to the Authority within a period not later than thirty days from the date of the alteration.

Signed on this day of

.....
Signature of Applicant

Full Name:

Designation:

PARTICULARS OF DIRECTORS OF TRUST CORPORATION

Name of Trust Corporation:.....

Name of Director	Citizenship	Address/Tel/Fax or E-mail.	Occupation	Date of Appointment

**PARTICULARS OF AUDITORS, LEGAL ADVISORS, ACTUARIES,
ADMINISTRATORS, MANAGER AND CUSTODIANS**

Name of Scheme:

	Name of firm	Income Tax P.I.N. Number	Address, Telephone Fax or E-mail.	Professional body to which Partners are members	Date of appointment
Actuaries					
Administrators					
Auditors					
Custodians					
Legal Advisors					
Manager					

PARTICULARS OF DIRECTORS OR PARTNERS OF A SPONSOR

Name of Sponsor:.....

Name of Directors/Partners*	Citizenship	Address/Tel/Fax or E-mail.	Occupation	Date of Appointment

**Delete as appropriate*

